

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/578959</i>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4							54						
5							55						
6	/						56						
7		/					57						
8			/				58						
9				/			59						
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12							62						
13							63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.	17	←		←		←							
TOTAL CLAIMS	20												